PRINTED: 06/21/2012 FORM APPROVED OMB NO 0938-0391

CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				OMB MO	<u>. บ938-บ39</u>
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1' '	LDING	CONSTRUCTION 01 - MAIN BUILDING 0102	1	SURVEY ETED C 18/2012
	PROVIDER OR SUPPLIER	DUNTAIN VIEW		1360	ADDRESS, CITY, STATE, ZIP CODE BYPASS ROAD CHESTER, TN 37398		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
K 130 SS=F	NFPA 101 MISCEL	LANEOUS	K	130			
"		CIENCY NOT ON 2786					

This STANDARD is not met as evidenced by:
Based on observation, it was determined that the
facility failed to maintain the fire barriers in
accordance with National Fire Protection
Association (NFPA) 101 Life Safety Code 2000
Edition 8.2.3.2.4.2: Pipes, conduits, bus ducts,
cables, wires, air ducts, pneumatic tubes and
ducts, and similar building service equipment that
pass through fire barriers shall be protected as
follows:

- (1) The space between the penetrating item and the fire barrier shall meet one of the following conditions:
- a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier.
- b. It shall be protected by an approved device that is designed for the specific purpose.
- (2) Where the penetrating item uses a sleeve to penetrate the fire barrier, the sleeve shall be solidly set in the fire barrier, and the space between the item and the sleeve shall meet one of the following conditions:
- a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier.
- b. It shall be protected by an approved device that is designed for the specific purpose.
- (3) * Insulation and coverings for pipes and ducts shall not pass through the fire barrier unless one of the following conditions is met:
- a. The material shall be capable of maintaining

K 130

The alleged cited deficient practice did not affect any single resident.

The alleged cited deficient practice has the potential to affect residents residing in facility.

Penetrations in fire barriers in the attic has been repaired with fire rated Sheetrock.

Fire walls will be inspected by maintenance bi-yearly and after contract workers are in the attic to assure that the fire barrier is not broken. Results will be recorded in the maintenance log. This practice will be reviewed by the QA&A committee for three months.

Completion date: 7/3/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Harland Briking LN HA

adm.

6-28-12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 01 - MAIN BUILDING 0102 С 8. WING 445145 06/18/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1360 BYPASS ROAD **GOLDEN LIVINGCENTER - MOUNTAIN VIEW** WINCHESTER, TN 37398 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 130 Continued From page 1 K 130 the fire resistance of the fire barrier. The material shall be protected by an approved device that is designed for the specific K 144 (4) Where designs take transmission of vibration into consideration, any vibration isolation shall The alleged cited deficient meet one of the following conditions: practice did not affect any a. It shall be made on either side of the fire single resident. barrier. It shall be made by an approved device that The alleged cited deficient is designed for the specific purpose. practice has the potential to affect residents residing The finding included: in facility. Observation on 6/18/12 at 9:35 AM revealed Energy Systems South East penetrations in fire barriers in the attic at both (the vender we use for the ends of the dining room and in fire wall nearest the attic access in room B-15. generator service) to reeducate the maintenance This finding was verified by the maintenance director on the proper director and the facility administrator during the procedure to manually exit interview on 6/18/2012. transfer power to the K 144 NFPA 101 LIFE SAFETY CODE STANDARD K 144 facilities emergency SS=D generator. Generators are inspected weekly and exercised under load for 30 minutes per month in Administrator also to be accordance with NFPA 99. 3.4.4.1. re-educated as a backup to the maintenance director. Manual test will occur every other month and results will be recorded in the generator This practice will be reviewed by the QA&A committee for three months. This STANDARD is not met as evidenced by:

FORM CMS-2567(02-99) Previous Versions Obsolete

Based on interview, it was determined that the

Event ID: WILQ21

Facility ID: TN2602

Completion date: 6/28/12

if continuation sheet Page 2 of 4

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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CENTER	(S FOR MEDICAKE	& MEDICAID SERVICES		_		OND 140. 0930-0091		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL		LE CONSTRUCTION 01 - MAIN BUILDING 0102	(X3) DATE SURVEY COMPLETED		
				ıc		C		
		445145	B. WIN	WG		06/18/2012		
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - MOUNTAIN VIEW			·	13	EET ADDRESS, CITY, STATE, ZIP CODE 60 BYPASS ROAD INCHESTER, TN 37398			
(X4) ID PREFIX TAG				ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)				
K 144	maintenance direct service the emerge	continued From page 2 raintenance director was not properly trained to ervice the emergency generator. The finding included: Interview on 6/18/12 at 10:14 AM revealed that the maintenance director did not know the proper procedure to manually transfer power to the uilding from commercial power to the facilities interview on 6/18/12. The finding was verified by the maintenance director and the facility administrator during the exit interview on 6/18/12. The finding was verified by the maintenance director and the facility administrator during the exit interview on 6/18/12. The finding and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2		144	The alleged cited deficient practice did not affect any single resident. The alleged cited deficient practice has the potential to affect residents residing in facility. The electrical junction box in the attic above the vestibule between the original building and new building has had the cover installed. The observed extension cords have been removed and the power source has been hard wired. Maintenance Director will inspect junction boxes and wiring to assure all covers are on and attic is extension cord free. Boxes and attic will be inspected twice yearly and after anyone contract workers are in the attic to assure junction boxes have covers and their are no extension cords. Findings will be recorded in the maintenance log. This practice will be reviewed by the QA&A committee for three months.			
K 147 SS=D	Interview on 6/18/1 the maintenance d procedure to manu- building from commemergency general This finding was vedirector and the fa- exit interview on 6/ NFPA 101 LIFE S/ Electrical wiring an			147				
	This STANDARD is not met as evidenced by: Based on observations, it was determined that the facility failed to maintain the electrical wiring and equipment in accordance with National Fire Protection Association (NFPA) 70. The findings included: 1. Observation on 6/18/12 at 10:00 AM revealed that an electrical junction box in the attic above the vestibule between the original building and the new addition was missing a cover. 2. Observation on 6/18/12 at 10:05 AM revealed that two extension cords connected by a power strip were being used as a permanent power source in the attic in the new addition above room							

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Event ID: WILQ21

Completion date: 7/2/12

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		445145	B. WII	ILDING NG	01 - MAIN BUILDING 0102	1	C 18/2012
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - MOUNTAIN VIEW			<u> </u>	1360	TADDRESS, CITY, STATE, ZIP CODE BYPASS ROAD CHESTER, TN 37398		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
K 147	Continued From p	age 3	K	147			
	These findings we director and the fa exit interview on 6	ere verified by the maintenance incility administrator during the /18/12.					:
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